



City of Rochester
Building Safety Department
2122 Campus Dr SE, Suite 300
Rochester MN 55904-4744
Phone: (507) 281-6133
Fax: (507) 287-2240
www.rochestermn.gov

ELECTRICAL Permit Application

Office Use Only

(3/05)

App. No. _____

Date _____ Building Permit Application No. _____
(If this work is associated with a building permit)

Tenant/Building Name _____

Site Address _____
Number Street Suite/Unit No.

Subdivision and/or Addition	Block	Lot	Plat	Parcel

Applicant is: ☐ Owner ☐ Contractor ☐ Other (describe) _____

Property Owner

Name _____ Phone (____) _____
Last First MI
Address _____
City _____ State _____ Zip Code _____

Contractor

Company _____ Roch. Contr. # _____
Phone _____ - _____ - _____ Fax _____ - _____ - _____ E-mail _____
Name _____ MN Contr. Lic. # _____
Last First MI
Address _____
City _____ State _____ Zip Code _____

Work Category (check one)

☐ New ☐ Alterations ☐ Move/Relocate
☐ Addition ☐ Tenant Finish ☐ Repair/Replacement

Permit Type

☐ Residential ☐ Commercial ☐ Temporary Service

Project Description

Description of Work _____

Valuation of Work

Total Valuation of Work \$ _____ (Materials and Labor)

Permit Fees

1. Application Fee \$ 25.00
2. Permit Fee* _____
3. State Surcharge _____
(.0005 X valuation)
Total Fees _____
Total of #1, 2 and 3 above

*Permit Fee Schedule:

Valuation	Permit Fee
\$1 to \$500	none
\$501 to \$1,000	\$10.00
\$1,001 and up	\$10.00 per \$1,000 or fraction thereof

Method of Payment:

☐ Check
☐ Cash
☐ Charge

PLEASE CONTINUE ON OTHER SIDE

Service Information	Type of Service		Voltage		Amperage		Connection					
	<input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase (Wye) <input type="checkbox"/> Three Phase (Delta)		<input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240/480 <input type="checkbox"/> _____		<input type="checkbox"/> 60 A <input type="checkbox"/> 100 A <input type="checkbox"/> 150 A <input type="checkbox"/> 200 A <input type="checkbox"/> _____		<input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent					
	Set _____ Meters											
	Power Supplier: <input type="checkbox"/> Rochester Public Utilities		<input type="checkbox"/> Peoples Cooperative Power Association									
System Type	<input type="checkbox"/> Electrical <input type="checkbox"/> Computer/Security/Communication Systems											
ELECTRICAL EQUIPMENT PROVIDED (Fill in the appropriate blanks in the table below)												
WIRING	BASE-MENT	1st STORY	2nd STORY	3rd STORY	OUT SIDE	GAR-AGE	TOTAL		EQUIPMENT	SIZE (AMPS)	SIZE OF CONDUCTORS	WIRING MATERIAL
LIGHT & RECPT. OUTLETS*									SERVICE			
									SUBPANEL			
LIGHT & RECPT. CIRCUITS									WATER HEATER			
APPLIANCE RECPT. OUTLETS									OVEN			
									DISHWASHER			
APPLIANCE RECPT. CIRCUITS									RANGE			
									DRYER			
SMOKE DETECTORS									WASHER			
									ELECT. HEAT			
									AIR CONDITIONER			
*Total number of receptacle devices and lighting fixtures (not to include switches)								OTHER:				
<p><i>I hereby apply for an electrical permit and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).</i></p> <p><i>I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the City of Rochester. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence.</i></p>												
Applicant's Signature _____										Date _____		